

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS633CAH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/11/2016
NAME OF PROVIDER OR SUPPLIER BOULDER CITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 901 ADAMS BLVD BOULDER CITY, NV 89005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State licensure complaint investigation survey initiated at your facility on 1/28/16 and completed on 3/11/16 in accordance with Nevada Revised Statutes chapter 449, Medical Facilities and other Related entities and Nevada Administrative Code Chapter 449, Hospitals.</p> <p>The hospital census at the time of the survey was 17.</p> <p>The patient sample size was five.</p> <p>There was one complaint investigated.</p> <p>Complaint #NV00044514 was substantiated.</p> <p>The allegation the facility failed to properly assess and review a patient's test results and pain status in the emergency room was substantiated (See Tag S0225).</p> <p>The allegation the facility to properly provide proper discharge instructions was substantiated (See Tag S0225).</p> <p>The following allegations could not be substantiated.</p> <p>Allegation #1: Proper family/Caregivers were not notified when a patient was discharged form the emergency room.</p> <p>Allegation #2: Proper notification to family/caregiver was not done when discharging the patient.</p> <p>The investigations into the allegations included:</p>	S 000	<p><i>Accepted 4/5/16 A. Brungard</i></p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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OPU211

If continuation sheet 1 of 7

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BUREAU OF HEALTHCARE
QUALITY & COMPLIANCE
LAS VEGAS, NV

Division of Public and Behavioral Health

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S 000	Continued From page 1 Observations of patients in the Emergency Department was conducted. Interviews were conducted with the Chief Nursing Officer, Acute Care Manager, Emergency Room Physician, Emergency Room Nurse. Policies were reviewed included: -Education and Discharge Instructions in the Emergency Department -Transfer of Patients -Pain Scale Emergency Department -Assessment of the Emergency Department Patient -Pain Scale House wide Clinical -Reassessment and Management in the Emergency department Record reviews of five patients and the patient of concern. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiency was identified.	S 000		
S 255 SS=D	NAC 449.349 Emergency Services 1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by:	S 255	S255 Emergency Department nurses were provided with and review the Pain Assessment policy including the documentation of said assessments and reassessments.	4-6-16

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S 255	<p>Continued From page 2</p> <p>Based on interview, record review and document review, the facility failed to properly review CT (computerized tomography) results, assess the pain status of a patient and inform caregivers of the correct discharge instruction for a patient treated in the Emergency Room and released back home for 1 of 5 sampled patients (Patient #1).</p> <p>Findings include:</p> <p>Emergency Nurses Association (ENA) and Federal CMS (Center for Medicare and Medicaid Services) CFR (Code of Federal Regulations) were the Standards of Care the facility followed.</p> <p>The Federal CFR for Critical Access Hospitals (CAH) 485.618 documented, CAH provides emergency care necessary to meet the needs of its inpatients and outpatients.</p> <p>Patient #1</p> <p>Patient #1 presented to the Emergency Department (ED) on 10/13/15 due to accidental fall at home.</p> <p>The Paramedic report dated 10/13/15, documented:</p> <p>"Arrived to PT (patient) (age) laying in bed alert complaining of lower extremity injury but could not explain due to chronic dementia. Facility states PT fell this morning and has not been acting normal since dinner approx (approximately) 1630 (4:30 PM). Facility states PT found down and helped back to bed this morning with what they thought was no pain but has started guarding his leg and did not eat..."</p>	S 255	<p>Emergency Department nurses were also provided with a new policy entitled "Documentation of Discharge Information" and education about where to document this was provided. This will be completed on April 6, 2016 during the ED staff meeting as indicated on Attachment A and B.</p> <p>Following the meeting and education the ED RN Manager in conjunction with the Quality Manager will audit a random selection of 10 ED charts on weekly bases for completion of pain assessments and documentation of discharge information via newly developed audit form. Attachment C.</p> <p>Emergency Department Physicians were contacted by the Emergency Department Medical Director and provided the following information/education in relation to the documentation of results review; to not pre-populate progress notes or discharge summaries until all diagnostic results are in and reviewed; and, to ensure that discharge instructions and additional patient information is relevant to the patient's final diagnosis. ED Medical Director will be advised of</p>	<p>4-6-16</p> <p>4-6-16</p> <p>3-11-16</p> <p>4-6-16</p>

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S 255	<p>Continued From page 3</p> <p>The patient presented to the ED on 10/13/15 at 1939 (7:39 PM). An initial assessment was performed and documented by the ED Registered Nurse (RN). The initial chief complaint documented:</p> <p>"Pt fell approx 1430 today, at dinner pt did not eat/drink, per ems (emergency medical services) possible lt (left leg shortening, pain with palpation to rt (right) leg..."</p> <p>On 10/13/15 at 7:39 PM, the ED RN also documented on the Assessment Form under Musculoskeletal Grid section:</p> <p>"rt hip (Comment: pt groans when rt hip palpated..."</p> <p>The patient was discharged on 10/13/15 at 9:37 PM. There was no follow-up pain assessment completed after the initial pain assessment was documented on 7:39 PM. The patient was not administered any pain medication during the stay at the ED. There was no documented evidence the chief complaint of pain was treated or had resolved during the entire stay in the ED.</p> <p>The facility policy for the ED titled Pain assessment, Reassessment and Management, documented the staff would conduct and in-depth clinical assessment of pain and periodic reassessment of the patient for determination of pain and relief from pain. The assessment should include intensity, quality and response to treatment.</p> <p>On 10/13/15 at 7:48 PM, a CT of the spine lumbar region was ordered.</p> <p>The CT of the spine lumbar report was completed</p>	S 255		

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S 255	<p>Continued From page 4</p> <p>on 10/13/15 at 8:48 PM and documented:</p> <ul style="list-style-type: none"> -Acute fracture of the right pubic tubercle -Right sacral ala fracture noted -Superior end plate of L(lumbar)4 and inferior endplate of L3, non specific, but cannot exclude a mild fracture -Severe L2 compression fracture deformity -Anterior to the urinary bladder, there is a 60 x 80 mm (millimeter) cystic mass, possibly hematoma. Recommend CT of the abdomen and pelvis -Gallstones filling the entire gallbladder <p>There was no documented evidence the ED physician or nurses were aware of the possible five fractures, cystic mass or the gallstones filling the gallbladder. There was no documented evidence the CT report and it's findings were reviewed by the ED Physician or nursing staff.</p> <p>There was no documented evidence the recommendations to obtain a CT scan of the abdomen and the pelvis region was considered after the findings of the cystic mass on the CT scan of the spine lumbar region was identified.</p> <p>The patient was discharged home (group home) on 10/13/15 at 9:37 PM and the caregiver was given report.</p> <p>During discharge of the patient, educational material was sent with the patient regarding fall prevention. There was no educational material sent to the caregiver regarding care for post fall fracture care.</p> <p>There was no documented evidence the caregiver or family were informed the patient sustained fractures from the fall at home. There was no documented evidence the family or</p>	S 255		

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S 255	<p>Continued From page 5</p> <p>caregivers were informed of the cystic mass close to the bladder or issues regarding the gallbladder.</p> <p>The facility policy on discharge instructions from the ED revealed patients discharged from the ED will have condition-appropriate instructions for home care and appropriate referrals.</p> <p>On 1/28/16 in the afternoon, the Chief Nursing Officer and the Acute Care Manager indicated the patient should have been properly assessed for pain during the ED stay and not just during the initial assessment when the patient entered the ED.</p> <p>On 1/28/16 in the afternoon, the Chief Nursing Officer and the Acute Care Manager confirmed there was no documented evidence the CT report, with findings of acute and possible fractures, was properly reviewed by the ED physician and nursing staff.</p> <p>On 1/28/16 in the afternoon, the Chief Nursing Officer and the Acute Care Manager indicated since the CT report was not reviewed by the ED staff, the patient lacked proper discharge information and proper educational material for the care of the patient at home.</p> <p>On 1/28/16 in the afternoon, the ED Physician working that day quickly reviewed Patient #1's record. The ED Physician was not the physician who treated Patient #1 on 10/13/15. The ED Physician indicated the physician treating the patient on 10/13/15 should have reviewed the CT report and documented the findings on the electronic charting program. The ED Physician indicated with the patient needed bed rest when the resident was discharged home.</p>	S 255		

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S 255	<p>Continued From page 6</p> <p>There was no documented evidence the caregiver was given instructions to keep the patient bed rest and post fall fracture instructions were not provided during discharge of the patient on 10/13/15.</p> <p>On 3/11/16 at 9:30 AM, the group home (where the patient resided) Director of Nursing (DON) indicated the staff did not receive discharge information that the patient sustained fractures to the hip. The DON indicated the ED staff did not inform the group home staff that the patient needed bed rest or no special instructions were given due to the fall. The DON indicated the patient was still in pain after discharge from the hospital but pain was given to alleviate his pain.</p> <p>Severity 3 Scope 1</p>	S 255		

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ER Meeting April 6th, 2016	
Meeting schedules Objectives	<p>To be established to monthly</p> <ul style="list-style-type: none"> - Establish better communication - Establish process, use problem solving to address areas that need attention <p>Meeting attendance and participation is part of Core Expectations</p>
Agenda items	<p>We will use this process in order to track the progress and follow up needed in order to deal with issues. Input from everyone is required and tasks may be delegated in order to facilitate completion and or follow up.</p>
	<ul style="list-style-type: none"> - Review of pain assessment policy- Documentation of assessments and reassessments - Discharge process documentation to include who the information was provided to what information was provided to include if packet was given to transport company - Complete surveys!!!!!!!!!!!! At least one per shift
	<p>Drug shortages – Hard to get list Solumerol and Protonix</p>
Secure Training	<p>This will soon be mandatory!!!</p> <p>Tuesday, March 22nd 2016</p> <p>E-mail Arleen if you are able to attend and open class. Class size limited to 10</p>
Areas of concern	<p>HIPAA- protect patient information as if it was your own</p> <p>Monitor yourself regarding HIPPA</p> <p>Hand washing</p>